

Arabian Nights Dinner Theater Salutes the Autism Society of Greater Orlando

Sunday, September 15, 2010
6:00 PM Show

*****You must arrive by 5:00 PM*****

*Tickets are \$15.00/person (age 3 years old and above) for members of ASGO.
This price includes gratuity.*

*Tickets are \$20.00/person (ages 3 years old and above) for non-members.
This price includes gratuity.*

*Ticket prices include: admission to the show, parking, meal consisting of New York Strip Steak, Grilled Chicken Breast, Chicken Tenders, Chopped Steak, or Pasta Primavera, sides, ice cream, and drinks (Unlimited Beer, Wine, & Pepsi products). NOTE: Special meal requests are available **with advance notice only**. Please visit www.arabian-nights.com for a preview of the show. Tickets are sold **non-refundable** with **deadline of August 31st**.*

Name & ages of all participants: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Number of Tickets: _____ X \$15.00 = _____ (members)

_____ X \$20.00 = _____ (non-members)

Payment method: Cash, checks payable to the Autism Society of Greater Orlando, or Visa/Master Card. Please mail completed forms to:
ASGO 12720 S. Orange Blossom Trail Suite 8 Orlando, FL 32837 or fax to 407-855-5129:

If you wish to charge your tickets, please fill in the information below:

I, _____, hereby authorize the Autism Society of Greater Orlando to
charge my credit card number _____ with an expiration
date of _____ and v-code _____, for _____ tickets for a total amount of
\$ _____.

Signature

Meal Choice Form

Please put the number of participants who will eat the following:

- ___ Chicken Fingers
- ___ Vegan Pasta Primavera
- ___ Vegetarian Pasta Primavera
- ___ Grilled Chicken Breast
- ___ Chopped Steak with gravy
- ___ New York Strip Steak

All dishes are accompanied with fresh garden salad, garlic mashed potatoes, a fresh vegetable medley, rolls with butter, unlimited beer, wine and Pepsi products, and vanilla ice cream with Hershey's chocolate syrup.

If you have any dietary restrictions or allergies to the food listed, please let us know so that we can request an alternative side dish or dessert. NOTE: we will do our best to accommodate your request; however, it will be based on the food selections available at Arabian Nights.

Dietary Restrictions: _____

Food Allergies: _____

Alternative Dessert (please circle one):

Applesauce

Fruit Cup

Sugar Free Italian Ice

Do you need wheelchair accessibility? (please circle one) Yes No